necessity, or in those cases where version can prevent embryotomy, but also in all cases of labor where there is very considerable amount of pain, or where the patient is nervous and irritable.

Atmospheric Pressure as a Cause of RETENTION OF THE PLACENTA .- Dr. J. M. Rodriguez explains a theory of Dr. P. Gavilan, of Durango, with regard to certain cases of retention of placeuta by atmospheric pressure. He, in such a case, having introduced the hand into the uterus, found it impossible to loosen the borders of the placenta; so, with his fingers, he pierced the central part of it. when at once, before he had time to make traction, the after-birth lay loose in his He thinks that when the edges of the placenta adhere too firmly, and traction, is made on the cord, a vacuum is formed in the centre; when the air enters, by introducing the finger, the placenta is expelled. Certain cases of Dr. Rodriguez's practice seem to confirm the theory. Some of the members present mentioned analogous cases which might be explained by this theory. - Gaceta Medica, City of Mexico.

Picque on Construction of a Vagina by an Autoplastic Process.—The patient was a girl of eighteen, with a normal vulva, no vagina, an infantile uterus, and without retention of the menses. The author created a vagina after the method of Amussat. He sought to remedy cicatricial contraction by slipping the mucous membrane of the vestibule upon the roof and the skin of the perincum upon the floor of the vagina. The results of the operation remained five months after operation.—L'Union Med., Oct. 29th. 1889.

TREATMENT OF INGROWING TOE-NAIL.—
There is no lack of suggestions for the treatment of this painful infirmity, but as none of them are absolutely reliable, one is disposed to welcome new-coniers of avowable origin. Dr. Clemens, of Frankfort, recommends the use of tinfoii. After carefully washing the toe with soap and water, and then wiping the affected nail perfectly dry, he spreads a layer of tinfoil in such wise as to en-

velope the nail in its entirety. At the same time narrow strips of the foil are insinuated between the edge and the ulcerated flesh. The dressing is fixed in situ by means of a little yellow wax, and need not he changed oftener than once in three days. The foot should not be washed while the treatment is in progress, it being kept clean by rubbing with dry bran. The cure is rapid, even if the patient continues to walk about in ill-fi ting boots, as most of Dr. Clemens' patients are reported to have done. - Med. Press, Nov. 6, 1889.

Post Partum H.Emorrhage.—Ed. in Med. Eca.—Compression of the abdominal aorta through the uterus in post-partum hemorrhage has resulted in prompt checking of the hemorrhage. Insert the hand into the uterus, using antiseptic precautions. Five cases of hemorrhage which did not yield under ordinary treatment were promptly checked under this procedure. The patients recovered with no untoward symptoms.

After post-partum hemorrhage Cill recommends the substitution of rectal injections of saline solution in place of transfusion, or, rather, in those cases where the performance of transfusion is impossible from want of the necessary apparatus. He refers to a case in which he believes that life was saved by the employment of this method. He recoramends that only two or three ounces of the fluid be injected at a time, and that the injections be repeated from ten to fifteen minutes, using a tepid solution, and, of course, employing auxiliary methods of relieving the existing shock to the system.

DISINFECTANT DENTIFICE. — Prota-Giurleo gives the following: Alcohol of 40 per cent. 500; camphor, 10; salicylic acid, 20; benzoin, 50; clove stalks, 100; hypochlorite of lime, 50; essence of anis, 20; glycevin, 500. All of the substances except the hypochlorite and anis are placed in a strong, closed flask which is subjected in a water bath to 60° C. of that for five hours, agitating occasionally. After macerating for eight days and filt-ring, the hypochlorite is added, when a further maceration of eight days is